SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9500 : JAMS, INC.	002	4730 (0)					
Principal Plac	e of Business		lailing Address					
1113 N FEDERA			10700 SW 88 ST STE 208				DO NOT WRITE IN THIS SPACE	
FT LAUDERDAL								
US			MIAMI FL 33176					
		US	i				3. Date Incorporated or Qualified	
							03/28/1995	
2. Principal Place of Business		j1	2a. Mailing Address				4. FEI Number Applied Fo	
Suite, Apt #, etc.		26	Suite, Apt. #, etc.				65-0625107 Not Applicat	
_ ``	#, 010 .	27	h				5. Certificate of Status Desired Fee Required	
22 City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cou	intry	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	•	30	•		Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Cur		stered Agent				10. Name and Address of New Registered Agent	
MOS	KOWITZ, MARC				81	Name		
	EDGEWATER CT				82	Stroot Ado	dress (P.O. Box Number is Not Acceptable)	
FTL	AUDERDALE FL 33332				02	Sileer Auc		
					83	f		
					ļ.,	ļ. <u>.</u>	FL 85 Zip Code	
					84	City		
SIGNATURE	Signature, typod or printed name of registered OFFICERS			NOTE: Regista		Soul signature re	rquired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	P		DELETE	1.1 TI	TLE		Change Ado	
NAME	M OS KOWITZ, MARC A				AME .			
PREET ADDRESS			3		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		• · · · · <u></u> • · · · · · · · · · · · · · · · · · ·	1.4 CI		r-ZIP		
E TLE			DELETE	2.1 TO	TLE		Change Add	
NAME				2,2 NA	AME	ŀ	•.	
STREET ADDRESS				2.3 ST	REET	ADDRESS		
CITY-ST-ZIP				2 4 01		I-ZIP		
TITLE			L DELETE	3.1 TI			Change Ado	
NAME				3.2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			~ 	3.4 CI		F-ZIP		
TITLE			DELETE	4.1 TI		1	Change Ado	
NAME				4.2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			[7]	4,4 CI 5,1 TI		I-ZIP	<u> </u>	
NAME			L DELETE	5,1 II			L_J Change L_J Adx	
						ADDDCC		
STREET ADORESS						ADDRESS		
CITY-ST-ZIP FITLE			DELETE	, 5.4 CI 6.1 TI		1.71	Change Ado	
NAME			r Dereig	6.2 NA			Li Criange Li Aoc	
STREET ADDRESS						ADDRESS		
2 APE 1 LEDOUS 2				6.3 ST		- 1		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or troslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

FILED

Jul 30 1998 8:00am

Secretary of State